

IN RE:

DEBTOR: MICHAEL B  
JARACENO JR} JUDGE  
} CHAPTER 11

## DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FROM 8-1-16 TO 8-31-16 FOR THE PERIOD

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 10-23-16MICHAEL McCRYSTAL  
Attorney for Debtor

Debtor's Address  
and Phone Number:  
4509 SCHEIDV'S RD  
COPALY, PA 18037  
Tel. 610-442-7829

Attorney's Address  
and Phone Number:  
2355 OLD POST RD #4  
COPALY, PA 18037  
Bar No.  
Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website.  
<http://www.justice.gov/usf/20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

**SCHEDULE OF HOUSEHOLD  
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
	AUGUST	
CASH - Beginning of Month		
<b>CASH RECEIPTS</b>		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
<b>CHILDRENS HELP</b>		
<b>TOTAL RECEIPTS</b>	3080.00	
<b>CASH DISBURSEMENTS</b>		
Alimony or Child Support Payments		
Charitable Contributions	80.00	
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance		
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments	1494	
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
<b>PAYING OF DEBTS</b>	951.00	
<b>Total Household Disbursements</b>	6110.00	
CASH - End of Month (Must equal reconciled bank statement-Attachment No. 2)		

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

MICHAEL B. JARACENDO JR.

File Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month	Cumulative
	AUGUST	Total
1. (A) Beginning of Month (Household)		
2. (B) Beginning of Month (Business)		
Total Household Receipts	3080.00	
Total Business Receipts	6250.00	
Total Receipts	9330.00	
Total Household Disbursements	6110.00	
Total Business Disbursements	6680.00	
Total Disbursements	12,790.00	
NET CASH FLOW (Total Receipts minus Total Disbursements)	-3460.00	
3. (C) End of Month (Individual)		
4. (D) End of Month (Business)		

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

this 23 day of OCTOBER 2016

  
Debtor's Signature

SCHEDULE OF BUSINESS  
CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative Total
<b>CASH - Beginning of Month</b>	AUGUST	
<b>BUSINESS CASH RECEIPTS</b>		
Cash Sales		
Account Receivable Collection		
Luxus/Borrowing from Outside Sources (attach list to this report)		
Rental Income	5631.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
<b>Total Business Receipts</b>		
<b>BUSINESS CASH DISBURSEMENTS</b>		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)	369.00	
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance	1000.00	
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
<b>MORTGAGES- TAXES-INS.</b>	5311.00	
<b>Total Business Disbursements</b>	6680.00	
<b>CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)</b>		

DEBTOR'S REPORT

**OPERATIONAL INFORMATION**

	YES	NO
Has the debtor continued to provide the normal course of business during this reporting period?		
Has the debtor disposed of funds or equipment other than debtors in possession through:		
a. sale to relatives or friends; or b. transfer to established accounts, notes or loans due from any relatives, friends, or related persons?		
Has the debtor been involved in bankruptcy during this reporting period?		
Has the debtor received funds, monies or credits from any party?		
Are any compensation payments paid due?		
Are any pre-petition state or federal income taxes past due?		
Are any non-petition state or local sales taxes past due?		
Are any post-petition and maintenance fees past due?		
Are any amounts owed to pre-petition creditors/vendors delinquent?		
Are any wage payments past due?		

If the answer to any of the above questions is "YES" provide a detailed explanation of each item on a separate sheet.

**INSURANCE INFORMATION**

	YES	NO
Does the debtor have valid and personal property, vehicle/auto, general liability, fire, theft, workers' compensation, and other necessary insurance coverages in effect?		
Are premium payments current?		

If the answer to any of the above questions is "NO" provide a detailed explanation of each item on a separate sheet.

**CONFIRMATION OF INSURANCE**

TYPE of POLICY	CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
HOME OWNERS	STATE FARM	1/1/16 - 12/31/16	A	
PERSONAL AUTO	STATE FARM	1/1/16 - 12/31/16	A	

Check here if United States Trustee has been listed as a Certificate holder on all policies of insurance

INCLUDED IN MO467A613

DESCRIBE RECENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: \_\_\_\_\_

**ANNUAL COMPARING REPORT -  
1970-1971.**

ATTACHMENT NO. 2

## BANK ACCOUNT RECONCILIATIONS

ATTACHED

Bank Account Information				
	Account #1	Account #2	Account #3	Account #4
Name of Bank: <b>FIRST NIAGARA</b>				
Account Number: <b>009806214453</b>				
Purpose of Account (Business/Personal): <b>DEBTOR ACCT</b>				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
<b>TOTAL OF ALL ACCOUNTS</b>				

Please attach a copy of the bank statement and bank reconciliation for each account.

Note: Attach a copy of each investment account statement.

**CHARTER PLACEMENT REPORT -  
INDIVIDUAL**

## CASH DISBURSEMENTS DETAILS - HOUSEHOLD

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

10. The following table summarizes the results of the study:

... 1977 年 11 月 1 日 訂正於香港

**APPENDIX E**

## CAMI MEASUREMENT DETAILS - BUSINESS

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

10. The following table shows the number of hours worked by 1000 employees in a company. The data is presented in a frequency distribution table.

## APPENDIX B

（三）在中等收入阶段，家庭收入的增加对家庭消费的影响

<sup>1</sup> These include violent acts purporting to be directed at the physical integrity of another, including acts of torture, kidnapping or assault, or acts of terrorism, including acts of hostage-taking or piracy.

**MONTHLY OPERATING REPORT  
INDIVIDUAL**

ATTACHMENT NO. 4

ACCOUNTS RECEIVABLE RECONCILIATION (Type A Post-Petition)	Scheduled Amount	Current Month
<b>Accounts Receivable Beginning Balance</b>		
Plus: Billings During the Month		
Less: Collections During the Month		
Adjustments or WriteOffs*		
<b>Accounts Receivable Ending Balance**</b>		

ACCOUNTS RECEIVABLE AGING (Type A Post-Petition)	Scheduled Amount	Current Month
0 - 30 Days		
31 - 60 Days		
61 - 90 Days		
Over 90 Days		
<b>Total Accounts Receivable***</b>		

\* Attach explanation of any adjustment or writeoff.

\*\* The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
<b>Total Federal Taxes</b>		
State & Local Taxes		
Withholding		
Sales		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
<b>Total State &amp; Local Taxes</b>		
<b>Total Post-Petition Taxes</b>		

\* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

\*\* Attach copies of IRS Form 6123 or your FTD coupon and payment receipt to verify payment or deposit.

MONTHLY OPERATING REPORT -  
INDIVIDUAL

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business during this reporting period?		/
2. Have any funds been disbursed from any account other than a debtor in possession account?		/
3. Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?		/
4. Have any payments been made on pre-petition liabilities this reporting period?		/
5. Have any post-petition loans been received by the debtor from any party?		/
6. Are any post-petition payroll taxes past due?		/
7. Are any post-petition state or federal income taxes past due?		/
8. Are any post-petition state or local sales taxes past due?		/
9. Are any post-petition real estate taxes past due?		/
10. Are any amounts owed to post-petition creditors/vendors delinquent?		/
11. Are any wage payments past due?		/

\*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	/	
2. Are all premium payments current?	/	

\*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE				
TYPE of POLICY	and	CARRIER	Period of Coverage	Payment Amount and Frequency
HOME OWNERS		STATE FARM	10-10-14	
PROP. RENTAL	" "	STATE FARM LEBANON INS	12-30-14 12-30-15	/

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance.

10-1-14 - 10-1-15

INCLUDED in MORTGAGE

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: \_\_\_\_\_